

**BOARD OF CORRECTIONS  
REPEAT OFFENDER PREVENTION PROGRAM (ROPP)  
AMENDED PROPOSAL FORMS**

**SECTION 1 - COUNTY INFORMATION**

**Chief Probation Officer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of project contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of Fiscal Officer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of person completing ROPP Invoices:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of the person responsible for conducting program evaluation and research.**

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

**Name of the person responsible for collecting program evaluation research data.**

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **SECTION 2 - COST SUMMARY**

Not required for the amended proposal process.

#### **SECTION 3 - PROJECT BUDGET**

**All projects are required to complete and return the ROPP Four-Year Budget Summary Form located on page 3 of this document.**

**ROPP FOUR-YEAR BUDGET SUMMARY**  
**(LIMITED TO GRANT FUNDS ONLY)**

| Category                                | FY 96/97 | FY 97/98 | FY 98/99 | FY 99/00 | Total |
|---|----------|----------|----------|----------|-------|
| County Staff                            |          |          |          |          |       |
| Travel and<br>Per Diem                  |          |          |          |          |       |
| *Professional<br>Consultant<br>Services |          |          |          |          |       |
| *Other                                  |          |          |          |          |       |
| Subtotal                                |          |          |          |          |       |
| Administrative<br>Overhead              |          |          |          |          |       |
| <b>Total Grant<br/>Award</b>            |          |          |          |          |       |

\*Provide a detailed explanation, on a separate page, entitled Other Budget Summary, for funds allocated in this line item.

**OTHER - BUDGET SUMMARY**

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**SECTION 3 continued - PROJECT BUDGET NARRATIVE**

## SECTION 4- MULTI-AGENCY COMMUNITY RESOURCES

[illegible]

**BOARD OF CORRECTIONS  
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**SECTION 5 - PROJECT NARRATIVE**

**BOARD OF CORRECTIONS  
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**Project Narrative Continued**



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**SECTION 6 - BOARD OF SUPERVISORS RESOLUTION**

Attach a copy of your revised county Resolution. If the Resolution will not be available by the due date of the amended proposal, please provide a date when BOC can anticipate receiving it.

\_\_\_\_\_ County anticipates having the revised Resolution to the Board of Corrections by \_\_\_\_\_.

If a revised Resolution is not required to amend your existing contract, check the N/A box \_\_\_\_\_ N/A ☐

**SECTION 7 - ADDITIONAL REQUIREMENTS AND INFORMATION**

- All projects are required to complete and return the project objective form. The form is located on pages 10 - 13 of this document. This form will establish a cumulative total objective for each project as well as the anticipated number of minors served for each reporting period.
- Complete and submit the Training and Technical Assistance Cost Accounting Form (**Los Angeles and Orange Counties only**). The form is located on page 14 of this document.
- Complete and submit the Training and Technical Assistance Needs Assessment Form (**Fresno, Humboldt, San Diego, San Mateo and Salono Counties only**). The form is located on page 15 of this document.

**BOARD OF CORRECTIONS  
REPEAT OFFENDER PREVENTION PROGRAM (ROPP)**

**PROJECT OBJECTIVES**

**PROJECTED TOTAL NUMBER OF MINORS INVOLVED IN THE PROJECT**

**DEMONSTRATION GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**COMPARISON GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**REPORTING PERIOD OF JULY 1, 1997 - DECEMBER 31, 1997**

**DEMONSTRATION GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**COMPARISON GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

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**REPORTING PERIOD OF JANUARY 1, 1998 - JUNE 30, 1998**

**DEMONSTRATION GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**COMPARISON GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**REPORTING PERIOD FOR JULY 1, 1998 - DECEMBER 31, 1998**

**DEMONSTRATION GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**COMPARISON GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

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**REPORTING PERIOD OF JANUARY 1, 1999 - JUNE 30 1999**

**DEMONSTRATION GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**COMPARISON GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**REPORTING PERIOD OF JULY 1, 1999 - DECEMBER 31, 1999**

**DEMONSTRATION GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**COMPARISON GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**BOARD OF CORRECTIONS  
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**REPORTING PERIOD OF JANUARY 1, 2000 - JUNE 30, 2000**

**DEMONSTRATION GROUP OBJECTIVE**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**COMPARISON GROUP OBJECTIVES**

| MALE | FEMALE | TOTAL |
|------|--------|-------|
|      |        |       |

**BOARD OF CORRECTIONS  
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### TRAINING AND TECHNICAL ASSISTANCE COST ACCOUNTING (LOS ANGELES AND ORANGE COUNTIES ONLY)

1. Provide a summary of the training and technical assistance your county has provided to date to the other ROPP. Include in your summary the number of times training and/or technical assistance was provided, to what county or counties, and a detailed cost accounting for the funds expended to date for providing this service. Attach additional pages if necessary.
2. Provide a detailed cost accounting, demonstrating how your county plans to spend the training and technical funds awarded for fiscal years 97/98 through 99/2000. Attach additional pages if necessary.

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**TRAINING AND TECHNICAL ASSISTANCE NEEDS ASSESSMENT  
(FRESNO, HUMBOLDT, SAN DIEGO, SAN MATEO AND SOLANO ONLY)**

1. Identify management training needs/technical assistance you feel would help you administrator the ROPP in your county.

2. List specific staff technical assistance and training needs.